

□ 1623

So (two-thirds being in the affirmative) the rules were suspended and the bill was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

PERSONAL EXPLANATION

Ms. SLAUGHTER. Mr. Speaker, I was unavoidably detained and missed Roll Call vote numbers 46, 47 and 48. Had I been present, I would have voted no on Roll Call vote number 46, and aye on Roll Call vote number 47 and 48.

PERSONAL EXPLANATION

Mr. DEFAZIO. Mr. Speaker, today, January 27, 2015, I was unable to be present and missed the following votes:

On Roll Call vote 46, on Agreeing to the Resolution H. Res. 48 providing for consideration for the bill H.R. 351 to provide for expedited approval of exportation of natural gas, and for other purposes, I would have voted NO.

On Roll Call vote 47, on Motion to Suspend the Rules and Pass H.R. 469, the Strengthening Child Welfare Response to Trafficking Act, I would have voted AYE.

On Roll Call Vote 48, on Motion to Suspend the rules and Pass H.R. 246, to Improve Response to Victims of Child Sex Trafficking, I would have voted AYE.

CORRECTION TO ENGROSSMENT OF H.R. 515, INTERNATIONAL MEGAN'S LAW TO PREVENT DEMAND FOR CHILD SEX TRAFFICKING

Mr. SMITH of New Jersey. Mr. Speaker, I ask unanimous consent that in the engrossment of H.R. 515, the Clerk be directed to make the correction I have placed at the desk.

The SPEAKER pro tempore. The Clerk will report the correction.

The Clerk read as follows:

On page 9, after line 25 insert the following:

(2) TO OFFENDERS.—

The SPEAKER pro tempore. Is there objection to the request of the gentleman from New Jersey?

There was no objection.

TRAFFICKING AWARENESS TRAINING FOR HEALTH CARE ACT OF 2015

Mrs. ELLMERS. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 398) to provide for the development and dissemination of evidence-based best practices for health care professionals to recognize victims of a severe form of trafficking and respond to such individuals appropriately, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 398

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “Trafficking Awareness Training for Health Care Act of 2015”.

SEC. 2. DEVELOPMENT OF BEST PRACTICES.

(a) GRANT FOR DEVELOPMENT OF BEST PRACTICES.—Not later than 1 year after the date of enactment of this Act, the Secretary of Health and Human Services, acting through the Director of the Agency for Healthcare Research and Quality and in consultation with the Administrator of the Health Resources and Services Administration, shall award, on a competitive basis, a grant to an eligible school under which such school will—

(1) not later than 6 months after receipt of the award, develop best practices for health care professionals—

(A) to recognize victims of a severe form of trafficking; and

(B) to respond appropriately to such individuals;

(2) in developing best practices under paragraph (1), survey, analyze, and evaluate, in consultation with law enforcement personnel, social service providers, and other experts in the field of human trafficking, existing best practices that foster the practice of interprofessional collaboration, including those used by industries other than the health care industry, to determine the extent to which such existing best practices may be adapted for use as part of the best practices under paragraph (1);

(3) develop curricula, training modules, or materials to train health care professionals on the best practices developed under paragraph (1);

(4) not later than 12 months after the receipt of the award, make a subgrant to one entity located near an established anti-human trafficking task force initiative in each of the 10 administrative regions of the Department of Health and Human Services—

(A) to design, implement, and evaluate a pilot program using the best practices developed under paragraph (1) and the curricula, training modules, or materials developed under paragraph (3);

(B) to conduct the pilot program at one or more eligible sites within the respective region, which may include an eligible site that is a school-based health center; and

(C) to complete the implementation and evaluation of such pilot program within a period of 6 months;

(5) not later than 24 months after the receipt of the award, analyze the results of the pilot programs conducted through subgrants under paragraph (4), including analyzing—

(A) changes in the skills, knowledge, and attitude of health care professionals resulting from the implementation of the programs;

(B) the number of victims of a severe form of trafficking who are recognized under the programs;

(C) of those recognized, the number who received information or referrals for services offered through the programs; and

(D) of those who received such information or referrals—

(i) the number who participated in followup services; and

(ii) the type of followup services received;

(6) determine, using the results of the analysis under paragraph (5), the extent to which the best practices developed under paragraph (1) are evidence-based; and

(7) submit a comprehensive assessment of the pilot programs conducted through subgrants under paragraph (4) to the Secretary of Health and Human Services, including an identification of—

(A) the best practices that are determined pursuant to paragraph (6) to be evidence-based; and

(B) the best practices that are determined pursuant to such paragraph to require further review in order to determine whether they are evidence-based.

(b) CONTENTS.—The best practices developed through the grant awarded under subsection (a)—

(1) shall address—

(A) risk factors and indicators to recognize victims of a severe form of trafficking;

(B) application of Federal and State law, including reporting requirements, with respect to victims of a severe form of trafficking;

(C) patient safety and security, including the requirements of HIPAA privacy and security law as applied to victims of a severe form of trafficking;

(D) the management of medical records of patients who are victims of a severe form of trafficking;

(E) public and private social services available for rescue, food, clothing, and shelter referrals;

(F) the hotlines for reporting human trafficking maintained by the National Human Trafficking Resource Center and the Department of Homeland Security;

(G) validated assessment tools for the identification of victims of a severe form of trafficking; and

(H) referral options and procedures for sharing information on human trafficking with a patient and making referrals for legal and social service assistance related to human trafficking when indicated and appropriate; and

(2) shall not address patient medical treatment.

(c) DISSEMINATION.—Not later than 24 months after the award of a grant to a school under subsection (a), the Secretary of Health and Human Services, acting through the Administrator of the Agency for Healthcare Research and Quality, shall—

(1) post on the public website of the Department of Health and Human Services the best practices that are identified by the school under subparagraphs (A) and (B) of subsection (a)(7); and

(2) disseminate to health care profession schools the best practices identified by the school under subsection (a)(7)(A) and evaluation results.

SEC. 3. DEFINITIONS.

In this Act:

(1) The term “eligible site” means a health center that is receiving assistance under section 330, 399Z-1, or 1001 of the Public Health Service Act (42 U.S.C. 254b, 300).

(2) The term “eligible school” means an accredited school of medicine or nursing with experience in the study or treatment of victims of a severe form of trafficking.

(3) The term “health care professional” means a person employed by a health care provider who provides to patients information (including information not related to medical treatment), scheduling, services, or referrals.

(4) The term “HIPAA privacy and security law” has the meaning given to such term in section 3009 of the Public Health Service Act (42 U.S.C. 300jj-19).

(5) The term “victim of a severe form of trafficking” has the meaning given to such term in section 103 of the Trafficking Victims Protection Act of 2000 (22 U.S.C. 7102).

SEC. 4. NO ADDITIONAL AUTHORIZATION OF APPROPRIATIONS.

No additional funds are authorized to be appropriated to carry out this Act and the amendments made by this Act, and this Act and such amendments shall be carried out using amounts otherwise available for such purpose.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from North Carolina (Mrs. ELLMERS) and the gentleman from New Jersey (Mr. PAL-LONE) each will control 20 minutes.

The Chair recognizes the gentlewoman from North Carolina.

GENERAL LEAVE

Mrs. ELLMERS. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and insert extraneous materials in the RECORD on the bill.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from North Carolina?

There was no objection.

Mrs. ELLMERS. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today to acknowledge the ongoing domestic problem with human trafficking. H.R. 398, the Trafficking Awareness Training for Health Care Act, will create a program dedicated to training our Nation's health care professionals in order to identify the early warning signs for the act of human trafficking.

Oftentimes, members of the medical community encounter these individuals while they are still being trafficked. By training health care professionals and equipping them with the right knowledge, we are enabling them to identify hallmark signs of this despicable act for early intervention.

This pilot program will test and examine the best practices needed for determining the protocol used for implementing human trafficking awareness within the medical community.

As a nurse, I know that our country's medical professionals already play a significant role in caring for victims of human trafficking. This legislation will better prepare those on the front lines, so that they can identify and care for those being trafficked.

Most Americans are unaware as to how prevalent and pervasive human trafficking is within our own borders, but it is time we acknowledge this fact and stand up against this heinous crime.

Our medical base is in a position to help these victims break free, and I am proud to push forth legislation further empowering them. This legislation trains health care workers to recognize the hallmark signs of human trafficking, thus allowing professionals to intervene on the patient's behalf.

I would like to thank my colleague, Congresswoman DEBBIE WASSERMAN SCHULTZ from Florida, for helping me introduce H.R. 398 in Congress.

Mr. Speaker, I reserve the balance of my time.

□ 1630

Mr. PALLONE. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I think that we can all agree that human trafficking is an important problem that deserves Congress' attention, and that all of us support efforts to ensure that our health care workers are better prepared to identify and assist victims of human trafficking.

H.R. 398, the Trafficking Awareness Training for Health Care Act of 2015,

would set up a grant, facilitated by the Department of Health and Human Services, to create and address best practices for health care providers to use in the field. The program would then test those practices in 10 pilot programs across the country.

The goal of this legislation is laudable and would certainly take important steps to improve our ability to address the spread of human trafficking in our local communities. However, Mr. Speaker, I cannot support the process that brought this bill to the floor.

This legislation has not gone through a subcommittee or full committee markup in the Energy and Commerce Committee, neither in the 114th Congress nor the previous session. Going through the normal committee process would have allowed Members and staff to make substantive and technical changes to ensure that the Department of Health and Human Services is able to implement this legislation effectively. Members who serve on the Energy and Commerce Committee deserve the opportunity to deliberate on legislation within the committee's jurisdiction and offer amendments to strengthen the bills that we consider.

Additionally, while this bill authorizes a new grant program, it does not authorize any additional appropriations for the Department to carry out this initiative. HHS may not be able to do this work within their limited existing resources. Advancing legislation, Mr. Speaker, that puts new requirements on the Federal Government without authorizing the funds to implement them is not a good precedent to set.

So, Mr. Speaker, I cannot support new legislation that has not gone through the regular order process, but I will not object to considering H.R. 398 on suspension today and advancing the bill by voice vote.

I reserve the balance of my time.

Mrs. ELLMERS. Mr. Speaker, I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I yield such time as she may consume to the gentlewoman from Florida, Ms. DEBBIE WASSERMAN SCHULTZ, who is the Democratic sponsor of the bill.

Ms. WASSERMAN SCHULTZ. Mr. Speaker, I thank the gentleman from New Jersey and my colleague Congresswoman ELLMERS from North Carolina and rise today in strong support of the Trafficking Awareness Training for Health Care Act of 2015, a bill on which I was honored to join as the Democratic lead with my colleague and good friend, the gentlewoman from North Carolina.

I thank Congresswoman ELLMERS for her leadership on this bill and her willingness to shine a light on the scourge of human trafficking.

I was telling my staff the other day, Mr. Speaker, that it is a truly remarkable and sometimes too rare a thing in our Congress to find a Member who not only reaches across the aisle but who is also willing to work tirelessly to fight

for what she believes in and has a staff willing to match that effort. It has been a pleasure working with you and your team on this legislation, as well as on my EARLY Act signed into law just a month ago, on which you served as the Republican lead on that legislation, and I look forward to what we may do together in the future.

Mr. Speaker, after passing legislation that made human and sex trafficking a State crime in my home State of Florida, I knew that, while that was an important tool to combat traffickers, we were just scratching the surface.

I joined Congresswoman ELLMERS on this bill because, though there is still much that we need to learn about the way human trafficking works in the United States, we know enough to know that it is far too prevalent, it preys on the most vulnerable in our Nation, and addressing it requires a comprehensive approach that encompasses prevention, treatment, and going after criminals.

We know that best guesses estimate there are 100,000 to 300,000 American youth currently at risk of being trafficked in the United States. We know that those most likely to be targeted are low-income women, foster youth, younger girls, and girls and women with a history of abuse and estrangement from family. And we know that once a girl is sex-trafficked, she has a life expectancy of just 7 years, during which she will be raped on average by 6,000 different buyers.

If the horror of human trafficking is not a problem that deserves a comprehensive response from all legal, social service, and medical sectors, then I don't know what is. Health care providers are often the first line of defense in these situations, sometimes being the only interaction with an outsider that a victim's trafficker may allow.

The Trafficking Awareness Training for Health Care Act of 2015 develops evidence-based best practices for, and training of, health care providers to be able to identify and properly respond to victims of trafficking, training that means when a girl 12 to 14 years old, the age range that is most at risk of being trafficked, when she is brought into a health care provider for a routine checkup by an older man who is not related to her, that a red flag goes off in a nurse's head or a health care provider's head.

Best practices will mean when a woman comes into an ER for a broken arm but a doctor discovers bruises and scars indicating a pattern of abuse, that that doctor doesn't just simply treat her broken arm and send her home. And resource knowledge means doctors and nurses cannot only identify potential victims but can respond appropriately to ensure that victim will one day become a survivor.

This bill joins several other trafficking bills being heard today on the House floor, including Representative BASS' bill to support youth most at risk for trafficking and Representative

NOEM's bill to encourage intra-agency and effective human trafficking intervention and prevention strategies.

These two bills, as well as Representative ELLMERS' and my bill, are all pieces of a larger puzzle, initiatives that, when put together, create a comprehensive and cross-sector response to human trafficking.

We all stand up together today, regardless of political party, to say we do not want to raise our children in a world or a nation where a person can be sold as if she is property to be used by anyone to whom the trafficker offers her.

I am proud to join my colleagues and Congresswoman ELLMERS in the battle to eliminate human trafficking, for my daughters, who are 11 and 15, for my constituents in south Florida, and for the betterment of our world. I might add, as a member of the House Committee on Appropriations, I can assure the gentleman that while I share and understand his concerns on the process, as far as the appropriations, we are going to pursue unobligated funds so that we can make sure that there are the resources available to make sure that this program is funded.

Mrs. ELLMERS. Mr. Speaker, I yield myself such time as I may consume.

I would like to say again to my good friend and colleague from Florida, thank you for putting forward this effort to work with us.

To my colleague, Mr. PALLONE, I, too, believe that we need to work together. So just know that my door is open, that we will continue to work on these issues together, and I am just so glad that in a bipartisan effort today we are all coming together to stand up for victims of human trafficking and again get them on a path to recovery.

At this point, Mr. Speaker, I yield 3 minutes to the gentleman from New Jersey (Mr. SMITH), my good friend, who has been a tireless and passionate advocate for women and families and children who are affected by human trafficking really long before many of us were even aware that it was an issue here in this country.

Mr. SMITH of New Jersey. Mr. Speaker, I thank my good friend for yielding and thank her for her leadership, especially on this extremely important bill, H.R. 398, the Trafficking Awareness Training for Health Care Act of 2015.

Mr. Speaker, this bill would direct grant money to the development of best practices for medical professionals so that they will know how to recognize trafficking victims and how to respond if a potential victim comes into their hospital or clinic.

Mrs. ELLMERS and I, and others, were inspired to do this bill by a Global Centurion report, in collaboration with the Charlotte Lozier Institute, that showed some 88 percent of domestic trafficking victims sought health care at some point during the time that they were being trafficked. That is absolutely amazing. These victimized women have

come in contact with health care professionals, and then they leave and go out the door and nothing is done because the health care professional did not recognize the signs of human trafficking. They were in a clinic, hospital, or doctor's office when they were being trafficked, right back out the door to be trafficked again.

With 99 percent of trafficking victims reporting serious health consequences of being trafficked and pimps eager to get their victims healthy for continued exploitation for profit, medical professionals are on the front lines of trafficking interventions. We must make sure that the health care professionals are equipped to assist in effectuating freedom for trafficking victims whenever possible. We must think carefully about protocols for how to report suspected victims to authority. We don't want to put her in further danger. We must strategize ways to ensure the victims receive the help that they need.

Mr. Speaker, this is a very, very important bill, and I do hope my colleagues will support it. Again, I thank Mrs. ELLMERS for her leadership on it.

Mr. PALLONE. Mr. Speaker, I have no additional speakers at this time, so I yield back the balance of my time.

Mrs. ELLMERS. Mr. Speaker, I yield myself such time as I may consume.

In closing, I just want to say again how proud I am of our Congress and our colleagues on both sides of the aisle coming together to work on very, very important legislation dealing with those who have been trafficked. Human trafficking is a travesty, it is a heinous crime, and it is today's modern-day slavery.

This is something that we must eradicate in this country. This is what the American people need for us to be a part of and work on.

I am just so happy that we are dealing with an issue that is going to affect so many out there in this country who do not have a voice right now. We have the opportunity now to stand up for what is right. We have the opportunity to do what is right, and by us working together and having legislation that will be sponsored in the Senate, as many of us do, we feel very strongly that this will become law, and we will be able to enact it and help those victims so that they can be looking towards recovery and empowering their lives.

Mr. Speaker, this is a very important day with 12 different bills that we are addressing. I am just so proud to be a part of it.

Mr. Speaker, I yield back the balance of my time.

Mr. UPTON. Mr. Speaker, I rise today in support of H.R. 398, the Trafficking Awareness Training for Health Care Act of 2015, introduced by Energy and Commerce Committee member RENEE ELLMERS of North Carolina.

I wish this bill and others related to trafficking today were not necessary. But the sad reality is that according to the U.S. Department of Justice, human trafficking is the sec-

ond fastest growing criminal industry—just behind drug trafficking. Adding to the urgency is that approximately half of all victims are children. It makes you sick.

Human trafficking is a serious crime and a grave violation of human rights. Too often, this is a crime that goes unnoticed and it is one that is not well understood. It is simply too hard to imagine that a crime this horrendous could be happening right here on American soil, let alone in your own backyard. But it is. Not only does human trafficking occur in the United States, it is a lucrative business with billions of dollars in profits. It continues because victims are not easily identified and they are afraid. It happens in our own communities, because we are unaware. Today, we stand up and say no more.

In order for victims of trafficking to break free, they need help. Health care professionals are one of the few groups to interact with trafficked women and girls and can be one source of help as twenty-eight percent of trafficked women sought treatment from a health care professional while being held captive. Recent studies show that health care professionals are well positioned to be first responders if they have the training and skills to identify and help victims.

The Trafficking Awareness Training for Health Care Act would provide for the development of evidence-based best practices to help health care providers to identify and assist victims of human trafficking. The bill requires HHS to award a grant to a medical or nursing school to develop best practices for medical personnel. These best practices will be tested in a pilot program conducted at Community Health Centers (CHCs) in each of the 10 administrative regions. The results of the pilot will be shared with the medical community for their consideration. This bill offers us an important opportunity to work with the medical community to improve awareness and ensure that human trafficking education and practice becomes a part of basic health care training.

I thank Rep. ELLMERS for her hard work this important piece of legislation and urge its passage.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from North Carolina (Mrs. ELLMERS) that the House suspend the rules and pass the bill, H.R. 398.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill was passed.

A motion to reconsider was laid on the table.

DEMAND THE RELEASE OF NADIYA SAVCHENKO

(Ms. KAPTUR asked and was given permission to address the House for 1 minute.)

Ms. KAPTUR. Mr. Speaker, I rise today to call for the immediate release of Ukrainian fighter pilot Nadiya Savchenko, who remains illegally jailed in Russia.

Ms. Savchenko was captured by Russian-directed forces in eastern Ukraine in June of 2014 and transferred to a prison in Voronezh, Russia. She is still imprisoned there today, now in her second month of a hunger strike that